

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Ameritel Spectrum, 7499 Overland Rd., Boise, ID

June 30, 2005

COMMITTEE MEMBER ATTENDEES:

James Ackerman, EMT-Paramedic
Vicki Armbruster, Volunteer Third Service Member
Lynn Borders, County EMS Administration
David Christensen, Idaho Chapter of the American Academy of Pediatricians
Kallin Gordon, EMT-Basic Member
Pam Holmes, Air Medical Member
Karen Kellie, Idaho Hospital Association Member
Mary Ellen Kelly, State Board of Nursing Member
David Kim, Idaho Chapter of ACEP Member
Thomas Kraner, Committee on Trauma of the Idaho Chapter of ACS
Warren Larson, EMS Instructor Member
Scott Long, Idaho Fire Chiefs Association Member
Cindy Marx, Third Service Non-Transport Member
Ethel Peck, Idaho Association of Counties Member
Ken Schwab, Advanced EMT-A
Murry Sturkie, DO, Idaho Medical Association Member

COMMITTEE MEMBERS ABSENT:

Ken Bramwell, Emergency Pediatric Medicine
Hal Gamett, Fire Department Based Non Transport Member
Mary Leonard, State Board of Medicine Member
Robert D Larsen, Private Agency Member

VACANT MEMBER SEATS

Consumer
Career Third Service

EMS STAFF ATTENDEES:

Burns, Tricia	Gainor, Dia
Carrell, Doug	Kozak, Jim
Denny, Wayne	Neufeld, Dean
Edgar, Andy	Newton, Tawni
Freeman, Barbara	

Other Attendees:

Allen, Tom - Nampa Fire Department	McGrane, Michael – Air St. Luke's
Bates, Jeff - ICEE	Nelson, Janet – Lemhi County EMS
Cooper, Steve – Lewiston Fire Department	Rose, Stan – St. Al's Life Flight
Davis, Mary Lou – Fremont County EMS	Sharp, Lynette - Air Idaho Rescue
Evans, Roger – Kootenai Medical Center	Sheldon, Ken – St. Al's Life Flight
Iverson, Hal – Air St. Luke's	Vickers, Greg – Portneuf Life Flight
Lewis, Allen – Moscow Fire Department	Weiss, Joe – East Boise County Ambulance
McCoy, Carrie	Weiss, Phyllis – East Boise County Ambulance
McKinnon, Debra - Latah County EMS	

Discussion	Decisions/Outcomes
Welcome and Introductions, Approve Minutes	
New members: Thomas Kraner and James Ackerman. Minutes Approved.	Schedule Meetings. March 15 & 16, 2006 June 21 & 22, 2006
National Scope of Practice Model 05-05	
Dia attended the national review meeting. They identified that the comprehensive letters received from Idaho were very helpful in the revisions. A final product is expected this fall.	
NREMT Computer Exam Site Plan	
<p>Dia Gainor: Idaho has expressed concerns about the different exam levels at certain sites. NREMT has decided to include all levels at all sites.</p> <p>Idaho had requested additional sites. The criteria for determining additional sites are:</p> <ul style="list-style-type: none"> • Anticipated frequency of exams must meet a threshold. • All 3 parties - state office, NREMT, and the exam vendor (PearsonVue) would need to agree. <p>It is clear that NREMT is willing to discuss issues.</p> <p>Did anyone attend the NREMT site visit?</p> <p>Armbruster: They seemed open to suggestions. Was asked to attend more meetings by the NREMT.</p> <p>It is evident NREMT wants to keep Idaho as a National Registry (NR) state. Also evident the the potential compromise and security of exams is driving the discontinuance of paper based exams. Idaho requires NR testing only for initial certification. No policy or procedural changes about practical testing are anticipated from the Registry.</p> <p>The Bureau is exploring other options. Tawni will present the IO Solutions option, another certifying testing agency. (IO Solutions.org). The IO director will be coming to the meeting of the Education consortium to make a presentation.</p>	

<p>They are willing and able to provide an exam. There is a possibility that both vendors could be used. The Bureau has questions about validity and security and whether IO Solutions has Web based or hard copy testing. Tawni will have an opportunity at a national meeting to talk to other states who are using or anticipating using IO Solution. IO Solutions fees are the same as current NREMT fees.</p> <p>Dia asked EMSAC members to consider to what extent they are comfortable with the concept of becoming a two exam state.</p>	<p>Tawni will send details of the September 2005 National Council of State Training Coordinators meeting to EMSAC members.</p>
<p align="center">05-06 Air Medical Utilization Criteria Task Force Rules</p>	
<p>At the last EMSAC meeting, there were divided opinions over whether there should be mandatory clinical criteria that drive requesting air medical transportation. The state health officer decided that in the end the physicians should decide about what goes in the Rules. The IMA EMS Committee made the decision that non-mandatory criteria would be the most appropriate approach. This was a replica of the debate that occurred in the task force meetings. Even though there was an appreciation about making QA more challenging, non-mandatory prevailed. Will there be guidelines? Each agency is required to create protocol or specific criteria.</p> <p>Walk Through: Underlined definitions are new.</p> <p>405: Operational standards that apply to agencies except 405-01 that is directed to the EMS Bureau about training. Written criteria from the agency that will be submitted with annual licensure.</p> <p>415: Air medical response criteria. Local agencies will have to address in the form of guidelines or other off-line medical direction.</p> <p>420: Communications</p> <p>Idaho is the first state to write rules about safety. Other states have expressed interest in how we address communications and landing zone safety. Landing zone officers (who are EMS providers) will have responsibilities and training requirements. Training will be standardized statewide. Deadline for receiving training is June 30, 2007. Training as a condition of certification</p>	

<p>will be required by 2010.</p> <p>There will be a Periodic Review of EMS System Data that is linked with trauma data. A pilot of the next generation of PCRs is pending. These reviews will be an opportunity for data analysis unprecedented for Idaho and will be conducted every three years.</p> <p>The task force didn't address flight agency standards.</p> <p>There are opportunities for changes before submission to the Legislature: There is a change opportunity available after the close of the public comment period on August 24. The Bureau is the owner of the document. When we go to the Board of Health and Welfare in November, will need to list all of the public comments and how the Bureau responded.</p> <p>Why wasn't there an opportunity for the general session EMSAC review before proposed rule? We could pull this rule today if it is inadequate. There was a presentation about major contention points at the last meeting. Had to meet a June 10, 2005 docket date for consideration in the 2006 Legislature.</p>	<p style="text-align: center;">General Session Motion</p> <p>Motion to recommend proceeding with the Air Medical Utilization Criteria Rulemaking was seconded and carried.</p>
EMS Education Consortium Overview 05-07	
<p>Reviewed draft charter for the consortium. Now 14 institutions of higher education or proprietary schools are registered with the Idaho Board of Education as compared with ten years ago.</p> <p>Initiated when contemplating implementation of the EMT-I curriculum. These experts can address exam validity, methodology, etc. Currently they are meeting monthly. There is interest in moving swiftly with the EMT-I program. The meetings have been well attended.</p> <p>There was a presentation of the history and background of the charter developed by the EMS Bureau.</p>	
Federal Grants Status	
<p>Trauma Systems federal grant (\$40,000) has been zeroed out. EMSC program was zeroed out in President Bush's budget, has been restored in the House. This grant is \$100,000+ and has funded</p>	

<p>medical direction education, poison materials, trauma registry, etc.</p> <p>Dia just attended the EMSC National Resource meeting. Confidence is high that the grant will be restored but the intent and focus will change. State must demonstrate 10 performance measures that are regulatory in nature, such as meeting or exceeding standard equipment list for pediatrics, and assure 100% availability for medical direction for pediatric patients.</p>	
Education Sub-Committee Report	
<p style="text-align: center;">Key Points</p> <ol style="list-style-type: none"> 1. Discussed the newly formed Education Consortium (ICEE) 2. Discussed EMT-I <p style="text-align: center;">General Session Discussion</p> <p>Presentation by Jeff Bates about the Education Consortium. Looking at going through a training process for instructors. Current consensus is to remain with NREMT testing process.</p> <p>Assessing how to assist agencies in implementing the EMT-I program.</p>	<p style="text-align: center;">General Session Motion</p> <p>Motion to accept the EMS Education SubCommittee report was seconded and carried.</p>
Grants Sub-Committee Report	
<p style="text-align: center;">Key Points</p> <ol style="list-style-type: none"> 1. FY05 Recommendations were reviewed: <ul style="list-style-type: none"> ○ If projected or incomplete budget is used, application will be declared ineligible. Application must have all of the required 12 elements to be eligible for consideration for an award. ○ Do not fund more per person items than are on the licensure personnel roster. (Such as jackets, jump kits, etc.) ○ If no pending clinical level of licensure upgrade is in place, do not fund items beyond the current scope of practice. ○ If the agency call volume is 0, the application will not be considered for any award. ○ Motion: Do not fund transport items for non-transport agencies. (Gurney(s), large O2 tanks, etc.) 	

- Price caps to be established for GPS, gurney(s), radios, and AEDs. Extrication packages will be limited to amount similar to last year's limit (\$12,000 - \$15,000). Air bags will also be price capped.
- Items to be considered ineligible: Doppler scope, cylinder loading system, pulse oximeters for BLS agencies, digital camera, Sam Splints (disposable), transport ventilators.
- Recommendation: Do not fund "Other" type vehicles (ATVs, Snowmobiles)

Transport agencies:

- Vehicle: \$82,500
- Gurney: \$3200
- 4X4: \$4000
- Radio: \$1200
- Non-transport agencies:
- Vehicle: \$53,500
- 4X4: \$4000
- Radio: \$1200

2. FY 2006 Recommendations

- AED max - \$1695
- Gurney max - \$4000
- Extrication - \$12,000/agency
- Mobile Radios – Increase amount in order to purchase P25 radio compatible with local communication system (to be verified by Bureau)
- Fund Epi Pens at a quantity equal to one set (2 adult and 2 pediatric) per agency vehicle. (2 opposed)

Key Points – Other Business

- Training Grant review "virtual" meeting to be held first week of August.
- In preparation for FY07 Grant Cycle, sub-committee will work on creating lists of what to ask for/what not to ask for.

Sub-Committee Motions

1. Motion to adopt FY05 recommendations except allow large O2 tanks for non-transport agencies and transport ventilators for ALS transport agencies.
2. Motions/Recommendations for FY2006
 - a. Due to high cost and negligible impact on patient care, do not fund the following items: repeaters, duplexers, MAST, medical refrigerators, cot descent system.
 - b. Due to upcoming change in Patient Care Reporting, do not fund requests for EMScan/Keydata program.
 - c. Vehicles not declared on licensure application will not be recognized as vehicles to be replaced. Requests will be considered as adding a vehicle.
 - d. If there is a large mileage discrepancy between the license and grant application that cannot be verified through the regional consultant, mileage will be entered as the lowest possible value.
 - e. Do not fund grant requests from agencies not a part of the local EMS 911 system.
 - f. Declare a specific agency application ineligible due to discrepancies between the licensure and grant application.

General Session Motions

Motion to accept the Grants Sub-Committee report was seconded and carried.

Medical Direction Sub-Committee Report

Sub-Committee Goals

Key Points

Signature of hospital administration & ED physicians for online medical direction required on the annual license application. Consider multi year agreement-Primary and secondary sources of online supervision

State-Comm facilitation of medical direction by providing conduit and/or providing physicians for supervision. How do we evaluate the need for State-Comm to provide this service. Do personnel not call because the service is not available?

Physician Liability

Physician protection from liability for performing administrative duties as a medical director should be promoted.

BOM Revision Rules

BOM has requested a meeting with EMSAC physicians to discuss the proposed rule. EMSAC members who are physicians are invited. No EMS staff can attend. The physicians asked for a summary of information regarding BOM's position for talking points such as desire not to limit use of qualified skilled personnel.

Update on Physician Education

Moving forward - projected for October 15, 2005 in Idaho Falls.

Quarterly Data

The need to develop MD specific quarterly report for agency medical directors was discussed. Need to solicit requirements from physicians.

General Session Discussion

StateComm & medical direction. Why change it? Current practice works. The issue is that the agency is getting on-line medical direction for procedures that the off-line medical direction will not allow. It might not be a problem for the agency, but there could be a problem for someone. Or there may not be a problem at all.

Two issues that prompted the discussion. Some agencies having difficulty obtaining an agreement

for on-line medical direction. There are also liability issues for the physician giving medical direction. If the Bureau is requiring medical direction for licensure, there could be an increased demand. Might need other options.

Hospitals don't know which EMS agencies are listing them as medical direction on licensure applications.

Ethel Peck will take the insurance and liability issue to the next meeting of the IAC. Is this for on-line or off line? It is for non-patient, administrative issues and actions taken for skills assessment, etc. Not all agencies are carrying ICRMP insurance.

The upcoming BOM meeting to discuss the draft of rules is not an official Board Meeting. If there are any amendments or changes to the rules, it would still need to be approved by the Board of Medicine (BOM).

What we've asked from the BOM in the draft rules is to outline scope and role of the nurse practitioner or PA for supervised intermediate medical direction.

Revised the last draft to address an EMS provider in the ED in order to continue patient care upon arrival, on the grounds of the hospital if moving a patient, or as part of respiratory or cardiac arrest under medical direction.

Although there are no other rules addressing these issues and these draft rules are not implemented, someone could point to the declaratory ruling. There are no permissive or prohibitive clauses for the attorney general to use.

Is there anything in the Rules Governing EMS? No, we share the same law with the BOM.

Sub-Committee Motions

Motion to recommend that the Bureau obtain documentation of hospital online medical control as part of initial and annual licensure by signature of hospital administrator or designee or written agreement between hospital and agency was seconded and carried.

Motion to recommend the EMS Bureau explore the possibility of facilitating online medical direction through State-Comm or providing online medical direction and report back to EMSAC at next meeting was seconded and carried.

Motion to recommend that EMSAC to write a letter to ICRMP and IAC to recommend inclusion of off-line medical supervision for EMS agencies in the available insurances was seconded and carried.

General Session Motions

Motion to accept the Medical Direction Sub-Committee report was seconded and carried.

Licensure Sub-Committee Report	
Bonner County Initial ALS Transport [05-08] Key Points <ol style="list-style-type: none"> 1. Issued a provisional ILS, then provisional ALS license. 2. Newport AB gave them 24 hour notice of discontinuation of ALS transport service. 3. Full support of medical director and county commissioners. 	Sub-Committee Motions <p>Motion to recommend requesting from Bonner County Ambulance a staffing schedule and deployment plan was seconded and carried.</p> <p>Motion to recommend licensure contingent on assurance of protocols for DNR and Safe Haven, and for ALS release for ILS or BLS transport and review of the protocols to the satisfaction of the Regional Consultant was seconded and carried.</p>
Leadore EMTs, Upgrade from BLS to ILS [05-09] Key Points <p>Students just completed course and NR testing.</p>	Sub-Committee Motions <p>Motion to recommend approval of application pending certification of adequate personnel was seconded and passed.</p>
Westside Fire, Upgrade from BLS Non-Transport to ILS Transport [05-10] Key Point <ol style="list-style-type: none"> 1. Bonner County should standardize protocols regarding administrative issues. 2. Cindy Marx will take suggestion of uniform county administrative protocols for all the EMS agencies in the area to the county commissioners. 	Sub-Committee Motions <p>Motion to recommend licensure approval contingent on addition of DNR, Safe Haven, ALS request protocols, and review of staffing/deployment plans was seconded and carried.</p>
Moscow Fire Dept, Upgrade from ILS Transport to ALS Level 5 [05-11] Key Points <ol style="list-style-type: none"> 1. No license application yet. 2. Concept of 2 licenses, 1 ILS transport and 1 ALS non-transport was explained by Dean Neufeld and Allen Lewis of Moscow Fire. 3. 1225 EMS calls per year. Anticipated call volume for ALS, 20% of total call volume or 245 calls. 4. No ALS EMS now in Moscow. General Session Discussion <p>Allen Lewis discussed the part time nature of the one ALS provider. The ALS provider will stay with the patient once ALS care is initiated.</p>	Sub-Committee Motions <p>Motion to recommend support of the proposal and ALS implementation plan concept was seconded and carried.</p> General Session Motions <p>Motion to accept all reports of the Licensure Sub-Committee was seconded and carried.</p>

Disciplinary Sub-Committee Report

DNR Disregard

Key Points

1. Patient enrolled in DNR program was actively resuscitated by EMS and hospital personnel.

General Session Discussion

Why would it be sent to prosecuting attorney? Couldn't certification action be separate from criminal investigation? Idaho Code carries a misdemeanor penalty for DNR disregard. Lower action than criminal action. County action should prevail first. If we were to interview people, it could jeopardize the county investigation. Was this a blatant disregard or a lack of awareness? We don't know if they chose to disregard or if they didn't identify the bracelet.

Suggestion to send it back to the family to make a criminal charge. No. We have a responsibility to turn over collected information to appropriate authority. What if this wasn't a flagrant disregard, and the family doesn't pursue? Who would report it? Would the charge be the State vs the provider or the patient's family vs the provider. We're not talking about civil case, it's a criminal case. No, the Bureau has information that needs to be reported, the same as a person who has knowledge of child abuse.

Do we send all of the information or just a letter stating the complaint came in and might need investigation?

Sub-Committee Motions

Motion to recommend turning over the information gathered by the EMS Bureau to the county prosecuting attorney for further investigation was seconded and carried.

No EMS certificate action will be considered until the conclusion of the county investigation was seconded and carried.

Motion recommending the EMS Bureau investigate opportunities for mandatory DNR education was seconded and carried. (Refer this to the Education Sub-committee).

General Session Motions

Motion to accept the Disciplinary Sub-Committee Report was seconded and carried.

Vehicle Misuse

Key Points

- Repeated and numerous complaints about this agency for non-compliance to rules and standards.
- This issue has already been addressed by the EMS Bureau last year and is an ongoing problem.

Sub-Committee Motions

Motion to recommend in depth investigation of this EMS agency for compliance to all EMS rules and policy, to include grant contract and security agreement, 24/7 coverage, adequate personnel, PCR and dispatch logs and medical director review of all required Advanced EMT runs, etc. All information will be requested in writing, for response within 30 days and a follow up Disciplinary sub-committee teleconference meeting will be scheduled to evaluate information received and determine next steps was seconded and carried.

Air Medical Sub-Committee Report

LZ Training Guide

Key Points

1. Andy Edgar presented an overview of the proposed Air Medical Rules.
2. Requirement to develop a training curriculum.
3. Training will be incorporated into initial training curriculum and required continuing education.
4. Terminal objectives will be developed.
5. Options for development
6. Use National criteria
7. Use information gathered from the Air Medical Safety Committee

Sub-Committee Motions

Motion to recommend turning the LZ terminal objectives project to the already formed Air Medical Safety committee that will report back to the EMSAC Air Medical Subcommittee by September 2005 was seconded and carried.

General Session Motion

Motion to accept the air medical sub-committee report was seconded and carried.